

City of Lakewood

**DASH** Transit

Passenger Application

Mail or deliver application to:  
Lakewood City Hall  
Attn: DASH  
5050 Clark Avenue  
Lakewood, California 90712

Please Check One:

- New Application
- Renewal

**Application Instructions:** Applicants must complete and sign Part I, II, and III of the form for approval. Part IV: Physician's Verification Eligibility must be completed by a licensed physician if the applicant is under 60 years of age with a disability or older than 60 years of ages with a valid driver's license.

**PART I: APPLICATION**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  Male  Female  
*Last First*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Type of Residence:  Individual  Retirement/ Senior Home  Board & Care

Name of Facility: \_\_\_\_\_ Facility Phone Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Language Spoken: \_\_\_\_\_

Do you own a car  Yes  No Do you own a valid Driver's License?  Yes  No

**EMERGENCY CONTACTS**

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

**PART II: MOBILITY**

**Please indicate below if you use any of the following mobility aids or equipment.**

- None  Cane  Electric Wheelchair  Manual wheelchair
- White Cane  Walker  Portable Oxygen  Scooter
- Other

**Wheelchair Size:**  Small  Medium  Large

**Do you require the assistance of a self-provided escort/attendant?**

Always  Sometimes (conditional escort)  Never

Other: \_\_\_\_\_

*For the overall safety and security of our passengers, please be advised that escorts, attendants or anyone who is assisting a client (you) during a ride will be required to read and sign the DASH Waiver prior to boarding a DASH vehicle.*

**PART III: WAIVER**

**City of Lakewood DASH Transit**

**WAIVER, RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE**

I, the undersigned, fully understand that my, or my child(ren)'s participation as a rider on the city activity(ies), (hereinafter "DASH Transit") exposes me and/or my child(ren) to the risk of property damage, personal injury or death. I hereby acknowledge my or my child(ren)'s voluntary participation on DASH Transit and agree to assume any such risks.

I hereby release, discharge and agree not to sue the City of Lakewood, its officers, employees and agents for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/class from whatever cause, including the active or passive negligence of the City of Lakewood, its officers, employees and agents or any other participants on DASH Transit. The parties to this agreement understand that this document is not intended to release any party from any act or omission of "gross negligence," as the term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate as a rider on DASH Transit, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Lakewood, its officers, employees and agents from any and all claims, demands, actions or suits arising out of or in connection with my participation in the event/class. I also understand that from time to time City representatives may photograph and videotape City recreation programs and participants. By signing this form, I authorize the City to use or publish any images taken by the City showing my or my child's/children's participation.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Parent/Legal Guardian's Signature (if under 18)*

**Printed Name of Participant:** \_\_\_\_\_

*Parent/Legal Guardian's Printed Name (if under 18)*

\*\*\*\*\* **APPLICANT, PLEASE MAIL THE FOLLOWING** \*\*\*\*\*

1. Complete and signed application that includes the following:
  - a. Part I: Application section
  - b. Part II: Mobility section
  - c. Part III: Waiver section
2. Complete and return Part IV: Physician's eligibility verification section *(only if under 60 years of age with disability or over 60 years of age with transportation.)*



For more information, please contact DASH Transit office @ **(562)-924-0149**.

**Mail or deliver application to:  
Lakewood City Hall, Attn: DASH, 5050 Clark Avenue, Lakewood, California 90712**

*For Office Use Only*

Date received: \_\_\_\_\_

Intake taken by: \_\_\_\_\_

Date: \_\_\_\_\_

Orientation Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Temporary expiration date: \_\_\_\_\_

**SC**       **HC**       **60-**       **WC**       **NC**

Notes: \_\_\_\_\_  
\_\_\_\_\_

## PART IV: Physician's Eligibility Verification

Lakewood DASH Transit is a shared ride, curb-to-curb transportation service for Lakewood residents who are 60 years of age and older and without a valid driver's license or under 60 years of age with a physical or mental disability. The physician's statement below is to be completed on behalf of the applicant in order for services to be provided.

Patient's Name: \_\_\_\_\_ D.O.B. : \_\_\_\_\_

### Eligibility Section

Please indicate which of the following physical or mental impairments qualifies the patient named above for disabled transit services:

- Is blind; or has visual impairment such that, after best correction, vision in the better eye is incapable of distinguishing shapes.
- Is impaired by cardiovascular disease to the extent that functional limitations are classified in severity as class III or class IV according to standards accepted by the American Heart Association.
- Suffers from lung disease to the extent that forced (respiratory) expiratory volume for one second when measured is less than one liter or arterial oxygen tension (pO<sub>2</sub>) is less than 60 mm/Hg on room air at rest.
- Has lost, or has lost the use of, one or more lower extremities or both hands; or has significant limitation in the use of lower extremities; or has a diagnosed disease or disorder which substantially impairs or interferes with mobility; or is so severely disabled as to be unable to move without the aid of an assistant device.
- Is developmentally disabled.
- Other – Please explain disability (if not listed above) \_\_\_\_\_

### Duration and Degree of disability

This disability is:  Permanent  Temporary

If temporary, please indicate the length of disability:

- 1-2 months  2-4 months  4-6 months (\*After 6 months, physician's reverification is required)

### Physician's Information

Physician's Name: \_\_\_\_\_ State License Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

*I certify that I am a licensed physician in the State of California, have knowledge of the above applicant. In my professional opinion, this patient qualifies for Lakewood DASH Transit Service.*

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please answer all question by filling out blank lines and checking all boxes that pertain to the application.**

If you have any questions call DASH Transit office @ (562)–924-0149.

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